NEVADA FINANCIAL DISCLOSURE STATEMENT

(Attach additional sheets if necessary.)



DEAN HELLER SECRETARY OF STATE

LUNE GOAT					•	
NAME LILLY E. (JO) O'TOOLE MAILING ADDRESS HC 61 BOX 4214 CITY, STATE, ZIP AUSTIN, NV 89310	LENG	GTH OF RESIDEN	ICE IN NEVADA _ ICE IN DISTRICT イ名 VR	WHERE RÉG		D TO
TELEPHONE 775-964-2464		-	NRS 281.571(1))(a)		
List all public offices for which this financial disclosure	e statement is r	equired [NRS 28	31.571, Subsection	1(g)]: CANDIDATE	APPO	INTMENT
			all elected and appointed public officers (no later than Jan. 15	(no later than the 10th day after the last day to qualify as a candidate)	to fill une of an e appoint of	expired term elected or ted public ficer 30 days)
Public Office	Annual Compensation	Term or Date Appointed	each year) NRS 281.559(1)(b)	NRS 281.561(1)(a)		30 days) VRS i59(1)(a)
Chair person - Tonopah	\$	4VR.	281.561(1)(b)		Γ	٦
Conservation Rist,	\$				[
	\$					
RANCHER FARMER			years of age (NF			on 1(b)]: Household Member
List each creditor to whom you or a member of your hor deed of trust on real property which is not required vehicle for personal use was retained by seller] [NRS 26]	to be listed bel	ow, and (2) de	re [except (1) d bt for which a s	ebt secured ecurity inter	l by mo est in a	ortgage i motor
BANK ONE credit card					SPIL	lousehold Member
The &M Card credit a	ard					
Wells Largo credit car	1					
V	'	 -		· · · · · · · · · · · · · · · · · · ·		
					<u> </u>	

firm, business, trust joint venture, s involved as a trustee, beneficiary of a class of stock or security represel [NRS 281.571, Subsection 1(f)]:	f a trust, director, officer, owner in	whole or in part, limited or gene	ral partner, or holder of
O'TOOLE RANG	HES		Self Household Member
List specific location and particular your household has a legal or bene state or an adjacent state [NRS 281.5	ficial interest; (2) the fair market va i71, Subsection 1(c)]:	alue of which is \$2,500 or more;	; and (3) located in this
REESE RIVER () ALLE	111	RANCH Particular	
List the identity of donor and value during the preceding taxable year [consanguinity or affinity; and (2) ceroccasion if the donor does not have	except (1) a gift received from a premonial gifts received for a birthda	erson who is related to you witl ay, wedding, anniversary, holida	hin the third degree of ay or other ceremonial
[NRS 281.571, Subsection 1(e)]:	Donor		Value of Gift \$ \$ \$ \$ \$
THE INFORMATION I HAVE PROV	VIDED HEREIN IS ACCURATE AN Signature:	ID COMPLETE.	L'free

List each business entity (i.e., organization or enterprise operated for economic gain, including a proprietorship, partnership,

STATE OF NEVADA COMMISSION ON ETHICS

3476 Executive Pointe Way, Suite 16
Carson City, Nevada 89706-7946
(775) 687-5469 • FAX (775) 687-1279



Acknowledgment of Ethical Standards for Public Officers

(Required by NRS 281.552)

I hereby acknowledge that I have read and understand the statutory ethical standards for public officers and public employees provided in NRS Chapter 281. I acknowledge that I have (check all that apply):

reviewed the provisions of NRS Chapter 281 on-line from the Commission's website http://ethics.state.nv.us

reviewed the provisions of NRS Chapter 281 by requesting a copy thereof from the Commission office.

I understand that I am required to file this acknowledgment with the Nevada Commission on Ethics or the Secretary of State pursuant to NRS 281.561, and that refusal to execute and file this acknowledgment constitutes nonfeasance in office and is a ground for removal pursuant to NRS 283,440.

Date

775-964-2464

Telephone Number

Fax Number

E-mail Address

Chara alternation

Togoth

T

If you are required to file a financial disclosure statement pursuant to NRS 281.561, this form must accompany the first statement of financial disclosure you file once you are elected to public office. It you are an appointed public officer who will be entitled to receive less than \$6,000 per year of service and will not have to file a statement of financial disclosure, please file the form within 60 days of your appointment to office.

Please return completed form to:

Appointed Public Officers

Elected Public Officers